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## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

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Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):    Name								
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):    Name	Practitioners associated with the Customer Number:			23623				
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).  Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:    V						<del></del>		
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The address associated with Customer Number:  23623  OR  Firm or Individual Name Address  127 Public Square, 57th Floor, Key Tower  City  Cleveland  Country  United States  Telephone  (216) 696-8730  Email watson@thepatentattorneys.com  Assignee Name and Address: Getner Foundation LLC 160 Greentree Drive, Suite 101 Dover, Delaware, 19904  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  Signature  Signature  Tiffapy Grantom  Telephone	any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents							
Firm or   Individual Name   Turocy & Watson, LLP	Please char	nge the corres	spondence address for the applicat	tion identified in the a	ttached statement und	ler 37 CFR 3.73(b) to:		
Firm or   Individual Name   Turocy & Watson, LLP						7	,	
Firm or Individual Name	The address associated with Customer Number:		23	3623				
Individual Name   Turocy & Watson, LLP	OR_							
City Cleveland State Ohio Zip 44114  Country United States  Telephone (216) 696-8730 Email watson@thepatentattorneys.com  Assignee Name and Address: Getner Foundation LLC 160 Greentree Drive, Suite 101 Dover, Delaware, 19904  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature Address:  Date 4-75-//  Telephone	Indiv		Turocy & Watson, LLP					
Country United States  Telephone (216) 696-8730 Email watson@thepatentattorneys.com  Assignee Name and Address:  Getner Foundation LLC 160 Greentree Drive, Suite 101 Dover, Delaware, 19904  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature Tiffany Grantom  Date 4-75-11  Name Tiffany Grantom  Telephone	Address 127 Public Square, 57th Floor, Key Tower							
Telephone (216) 696-8730 Email watson@thepatentattorneys.com  Assignee Name and Address: Getner Foundation LLC 160 Greentree Drive, Suite 101 Dover, Delaware, 19904  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.  SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Address:  Watson@thepatentattorneys.com  Watson@thepatentattorneys.com  In the province of th	City		Cleveland State Oh		<sup>Zip</sup> 44114			
Assignee Name and Address:  Getner Foundation LLC 160 Greentree Drive, Suite 101 Dover, Delaware, 19904  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Date 4-25-// Telephone	Country		United States					
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160 Greentree Drive, Suite 101 Dover, Delaware, 19904  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Date 4-75-11  Name  Tiffany Grantom  Telephone	_							
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Signature Signature and title is supplied below is authorized to act on behalf of the assignee  Signature Tiffany Grantom  Signature Tiffany Grantom  Telephone						act on behalf of the	assignee,	
The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature	and must	identity the						
Name Tiffany Grantom Telephone								
Name Tiffany Grantom Telephone	Signature Lifaun Manton			·		Date 4-75-//		
	Name					Telephone		
	Title							

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.** 

## DECLARATION REGARDING AUTHORITY TO SIGN ON BEHALF OF A LEGAL ENTITY 37 C.F.R. 3.73(b)(2)(i)

I, Tiffany Grantom (whose title is supplied below), hereby declare that I am authorized to sign documents on behalf of Getner Foundation LLC.

Tiffa	ny Grantom
***	TIA CITATIONIE

Authorized Person for Getner Foundation LLC

Date